

# MEDICAL SUPPLEMENT.

(This Supplement is entirely conducted by Medical Men, the Editor of THE NATION taking no part in the discussion.)

## THE PLENDER REPORT, THE INSURED, AND THE MEDICAL PROFESSION.

THE Plender Report is undoubtedly a surprise to the great majority of the medical profession. Few of us imagined that the average gross incomes in five such typical provincial centres exceeded £700 per annum—a high average for any profession. This represents a fee of less than 4s. 6d. per head for the entire population—men, women, and children.

The "British Medical Journal," in its annual education numbers, has for years past alleged that although much glory awaits the medical student, the average annual income of the profession is between £200 and £300. Assuming that the payment for attendance on the uninsured will be at least equal to that for attendance on the insured (a fair assumption), there is no need to fear any loss of income under the Insurance Act.

On the other hand, the sudden change from private and often charitable work to State-endowed contract practice, affecting so many millions of workers, accounts, to some extent, for the unrest and suspicion which the Act has aroused. Also, the fear of a much greater demand upon a medical service working on the contract principle seems to be justified by the statistics of existing club and contract practices.

On the grounds of the extra work which will probably be demanded, the profession can reasonably ask for generous treatment from the Insurance Committees. If, as is alleged, either from lack of means or opportunity, a large number of poor people who have hitherto refrained from seeking medical advice, will, under the Act, flock to our consulting-rooms, the obvious remedy is to increase the number of doctors—a suggestion which will hardly be met with enthusiasm by the great number of doctors at present under-employed, especially in our large towns.

Of the "seven cardinal points," four may be said to be already granted, or obtainable, under the regulations. Upon the three others, representing the amount of the capitation fee, proper representation on the Insurance Committees, and the so-called income limit, the Government and the profession are still at a deadlock.

The State Sicknes Committee of the British Medical Association has declared that the profession would be content with a ten per cent. representation; it is difficult to believe that the small margin of difference between the statutory number of medical representatives and the number demanded cannot be satisfactorily adjusted by means of the existing powers of the Commissioners.

As regards the importance of the income limit, surely there has been some exaggeration, for tables of wages in many of our great industries show how very small a percentage of industrial workers earn, when fully employed, more than an average wage of £2 per week. The few who may unfairly (from the doctor's point of view) claim medical benefit under the Act, will be amply counterbalanced by hundreds of thousands of the poor who hitherto have either received gratuitous treatment, or whose payments have been so miserably small and so difficult to collect that their receipt should cause a learned profession shame rather than satisfaction. It must be remembered, also, that all tuberculous cases, which have hitherto made heavy demands on the doctors employed by the friendly societies, will be paid for out of a separate fund.

It is widely felt that the demand for a capitation fee of 8s. 6d., plus extras, could be modified without any loss of dignity, especially as we have been told that such a fee cannot possibly be paid. The profession in general, and the British Medical Association in particular, must avoid the foolish mistake of working up any political partisan feeling against the Act. The wild rhetoric indulged in by Sir James Barr was more suited to the

hustings than to a meeting of an Association formed to discuss professional matters in a scientific spirit.

Within five months of the full operation of the Act, a so-called Public Medical Service is being hurriedly and feverishly projected. For this scheme to enter into successful competition with the scheme of the National Insurance Act, it would be necessary to enroll at least ten millions of people. The amazing ignorance of those who, unable to grasp the magnitude of such a colossal task, fail to realise the skilled organisation and costly administration necessary, is only equalled by the credulity of those who listen to their wild proposals.

It must already be apparent to thousands of members of the British Medical Association that the breaking-off of negotiations was a disastrous mistake. Surely we have all the elements for a compromise and an agreement, fair to the insured, the profession, and the Government. It is the duty of all unprejudiced men to protest against the existing deadlock, and to do all in their power to help a settlement by compromise or arbitration.

The Insurance Committees will quietly proceed in their endeavors to arrange for the working of medical benefits under the Act, and, if necessary—as has been stated in the House of Commons by a member of the Government—the administration of medical benefits will be handed over to the friendly societies, which, rightly or wrongly, seem confident of being able to come to terms as regards their medical service. Even if for a few years there is a likelihood of more work (a by no means unhappy prospect to many doctors), when the enormous powers of the Insurance Committees are fairly established it will be realised that the present rate of sickness will, in the near future, be very much diminished. As an example of what organisation will do, the campaign against tuberculosis in Ireland may be cited. If we of the medical profession use this great opportunity, we can improve the social condition of the people, and the physical condition of the race. We can insist that every child born (over ninety per cent. are born healthy) has house-room and proper and sufficient food. Then every young adult of the next generation will be at least as fine a specimen and as little liable to serious illness as the young adult of the well-to-do classes of the present day.

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SEVERAL correspondents have urged that a fair comparison cannot be made between persons at present treated under contract, and the insured population, if the object is to estimate the amount of medical attendance likely to be required by the latter. The reason perhaps most frequently given is that existing contract patients are picked lives, while under the Insurance Act all and sundry must be treated. It is worth while examining this argument a little more closely. General practitioners' clubs do, as a rule, consist of picked lives, though the examination is not usually a very rigid one. But the figure of five attendances arrived at by the British Medical Association is swollen by the inclusion of a large number of lives which are quite unpicked. As regards general practitioners' clubs, the number of attendances per member, based upon a membership of 373,000, was 3.75. But in provident dispensaries the number of attendances upon 1,150,000 persons was, on the average, 6.2; and among 325,000 members of Friendly Society Institutions the figure was 5.69. The final figure of 5.1 attendances was found by averaging all these. Now, Provident Institutions do not, as a rule, require a medical examination for admission, and many of them will accept for treatment persons who are already ill. This is like insuring a house on fire,

and vitiates any deductions as to the amount of attendance per person. Again, in the case of Friendly Society Institutions, the male members may be picked, but nearly 50 per cent. of the persons entitled to treatment are their wives and children, and these obviously cannot be picked at all.

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Now consider the members of Approved Societies. In the first place, these are partially picked lives, for some of the worst lives among insured persons will become deposit contributors and will be treated under special arrangements. It is true that many Approved Societies are dispensing with a medical examination, but they will probably all require a declaration that the applicant is in good health and has not in the past suffered from serious illness. This, while admittedly not of the value of a medical examination, will undoubtedly rule out the worst cases. Again, insured persons must be employed or earning their own livelihood, conditions which ensure a reasonable degree of good health.

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BUT perhaps the most important consideration, and one that has so far been overlooked, is that the Insurance Act will take in large classes of persons who have not hitherto been treated by contract, and are much better lives than the average club member. Take, for instance, the fact that out of the three-and-a-half million women who are expected to come under the scheme, 1,690,000 are engaged in domestic offices or services. Domestic servants form a particularly good class of life. They must not only be young and physically strong, but they must look well and healthy or they very soon cease to be servants. To apply to such a class deductions drawn from the amount of attendance required by the overworked and often underfed women—many of them mothers—who attend Provident Dispensaries, is quite unjustifiable. The same argument applies to the 100,000 women engaged in professional occupations, and, perhaps to a lesser extent, to the million girls engaged in shops or factories of one kind or another. In the case of men, the figures are drawn almost entirely from the experience of crowded industrial towns. Under the Act, there will be large numbers engaged in clerical and commercial occupations and domestic services, and over a million employed in agriculture—persons, again, who form a very good class of life. If any comparison is to be drawn, the Provident and Friendly Society Institutions should be ruled out, and only the figure of 3.75 found for contract practice appointments in the hands of general practitioners utilised.

#### EXAMINE YOUR OWN EXPERIENCE.

*To the Editor of THE NATION.*

SIR,—Are medical men going to imitate the dockers, and leave the thinking and talking to their leaders? I wonder how many general practitioners, even now, have really considered the facts and figures which throw light on the financial effect of the National Insurance Act on their practices. During the last twenty years I have been engaged in general practice of three different kinds. For several years I was in practice in a small provincial town and the scattered districts round, the fees averaging about 3s. 6d.; for some time I had a practice in the Quorn country, three-quarters of my practice being made up of half-guinea fees; and for some six years I have held what I believe to be the largest practice in the Borough of Stepney, the fees averaging just under 1s. All three practices have been—from a commercial point of view—highly successful, so that I may be said to have some practical knowledge of what I am talking about.

From the point of view of the public health, it is obvious that the system of general practice has failed utterly; and anyone concerned for the general well-being can only rejoice at the obvious approach of a properly organised State Medical Service.

But the sudden introduction of a system of universal attendance by State-appointed doctors would undoubtedly cause the greatest possible hardship to men already engaged in practice on the old system. It would probably mean the

reduction of the average income of general practitioners throughout the country by not less than 25 per cent.; and if, for other than altruistic reasons, the profession forces the Government to adopt such a solution of the present difficulty, many thousands will discover that they have practically performed "hari-kari."

It seems that the Government is willing to make a material advance on the sum originally allotted for medical treatment; and, in order to be in a position to consider the wisdom or otherwise of accepting such an increased offer, it is well to look at the real facts. A good deal of rubbish has been talked about the time that will be occupied in seeing insured patients if they are to be properly attended. Now, the kind of medical treatment which really does take a good deal of time is not that which is going to be afforded to insured or any other patients by the general practitioner. For such treatment and investigation other means must be provided. In every district, for example, it is most important that clinical laboratories should be established for performing those investigations for which the general practitioner has neither the time nor, in many cases, the training. At present, it is true, a doctor spends more time over a well-to-do patient, who pays him a good fee, than over a club patient or a poor patient who pays him a small fee. Any doctor, however, who will honestly consider the matter will acknowledge that the difference in time is occupied, not in medical attention, but in social attention—discussing golf, or the theatre, or the garden, or Mr. Lloyd George. Apart from such gossip, for which the Insurance Committees can hardly be expected to pay, he would be indeed a slow and dull practitioner who, in a town district, was unable to perform at least six visits an hour, or to see at least ten patients in an hour at his surgery. In eight hours, therefore, any practitioner in working-class town practice can give at least sixty efficient attendances. For, although an occasional patient may occupy twenty minutes, or even more, a large number of patients who have been repeatedly seen take up but a minute or two. There are very few working-class practices at present where anything like this average time is given to patients.

Now, assuming that the Government increases its offer to 7s. per head, and that each patient, on an average, requires five attendances a year, the doctor who attended insured persons would be paid at the rate of half a guinea per hour. I wonder how many doctors in working-class districts are paid at that rate at present? For it must not be forgotten that the capitation fee is only intended to cover quite ordinary attendance. Extra sums are promised for operations, night work, mileage, and so on. It is incredible that the average medical man will throw away such an opportunity.

There is one direction in which great economy might be effected without loss to anyone except the wholesale druggists. The 1s. 6d. per annum which it is proposed to pay to the pharmacists who dispense the medicine prescribed by the doctors will never cover the cost of the drugs. In Germany it is found that the cost of drugs varies from 3s. to 5s. On the other hand, if this 1s. 6d. were paid over to any doctor who cared to dispense his own medicines, he could probably quite easily afford to accept it. Nor would there be any loss in efficiency from the patient's point of view in continuing this old custom. In all my experience of working-class and club practice, I have never known a doctor, even the least philanthropic, who refrained, because of its cost, from using any drug which he thought would benefit his patient. To relieve or cure his patient is the doctor's one great method of advertisement. At the same time, every doctor knows that at present a very large proportion, probably the majority, of the patients who consult him really require no drugs at all. But he is compelled, in order to retain the patient's confidence, to give or prescribe the inevitable bottle of medicine. If he or his dispenser supplies the medicine, he, quite rightly and wisely in such cases, prescribes some simple "placebo" costing practically nothing. But if he is to give the patient a prescription, which is to be taken round and shown to friends and subsequently dispensed by a chemist, the simple A.D.T. will naturally be replaced by a long prescription including half a dozen tinctures. This represents pure waste, and is a wastage that could easily be saved. If the Government are



prepared to offer the profession a capitation fee of 7s., together with 1s. 6d. for medicines in the case of medical men who care to dispense their own, instead of the total of 6s. originally offered, I think the majority of medical men will be prepared to accept it. There is no doubt that such an offer would materially improve the financial position of every doctor doing working-class practice in this country. Providing that some such bargain can be arranged, the Act offers such an opportunity as can never occur again of raising the character of medical practice, whilst inflicting financial hardship on none.—Yours, &c.,

HARRY ROBERTS.

London, August 19th, 1912.

### THE BRITISH MEDICAL ASSOCIATION AND THE ADVISORY COMMITTEE.

To the Editor of *THE NATION*.

SIR,—The refusal of Dr. Addison and thirteen other members of the Advisory Committee to resign their membership at the behest of the British Medical Association is significant and noteworthy. There are doubtless hundreds, if not thousands, of medical men who endorse the sentiments expressed by Dr. Addison in his letter to the Medical Secretary, and who, like him, "decline to take part in a boycott of which they are ashamed."

Many medical men dissent, *toto cœlo*, from the attitude adopted by the British Medical Association in reference to the Insurance Act. These men, like Dr. Addison, value their citizenship more than mere professional advantage (or so-called "loyalty"), and try to take a broader and more statesmanlike view of the question than that adopted by the British Medical Association, which, after all, is little if any better than pure Syndicalism. Syndicalism is anti-social, and consequently does not commend itself to good citizens. The action of the fourteen medical members of the Advisory Committee who decline to resign at the behest of the British Medical Association will greatly encourage those who differ from the Association, which latter has been led into the present *impasse* by a few extreme men who have adopted an attitude of violent antagonism to the Act from any but disinterested motives. The indications at present point to a more reasonable frame of mind taking hold of the profession, and should strengthen the hands of the men who have been brave enough to stick to their guns on the Advisory Committee, in spite of the thunder of the British Medical Association. The childish I-won't-play-if-I-can't-have-my-own-way attitude of the Association is anything but dignified, and is calculated to bring the whole profession into contempt in the minds of thoughtful and patriotic citizens. I trust that many who feel this will not hesitate to express their opinions through your columns. They may now feel that, in doing so, they are in good company.—Yours, &c.,

C. E. HOLLINGS.

Scarborough, August 19th, 1912.

To the Editor of *THE NATION*.

SIR,—Dr. Addison's letter to the British Medical Association comes at a most opportune moment. The profession have for the last six months thought and talked of nothing but cardinal points. We have at present no constructive policy to take the place of the Insurance Act; meanwhile, the dictates of the House of Commons are being carried out slowly but surely. Dr. Addison points out that the profession wished to be represented on the Advisory Committee, and at this moment, when the regulations are being prepared which will affect the future of the general practitioner in a most vital manner, the representatives of the profession tell us we had better have nothing to do with the Committee. It is high time that those of us who are not entirely bereft of common-sense should assert ourselves and save the practitioner from the suicidal policy of the British Medical Association. We are told also to resign our positions on the Provisional Medical Committees. This, I feel certain, several of us will flatly refuse to do, and I feel sure that many members of the profession will agree with me when I say that these Committees are essential to the welfare of the profession. We have power on these bodies to modify the regulations so as to satisfy the local requirements. The profession cannot afford to allow this power to be taken from

them. We must therefore refuse to break off negotiations until we have seen whether our interests are properly safeguarded in the forthcoming regulations.—Yours, &c.,

R. C.

London, August 22nd, 1912.

### WHAT "RECOGNITION" INVOLVES.

To the Editor of *THE NATION*.

SIR,—The determined opposition that has been offered to the National Insurance Act by the medical profession has caused, by its extraordinary unanimity, no little surprise, not only to the promoters of that Act, but also to the profession itself.

As a practitioner with nearly fifteen years' experience of general practice, I shall endeavor to show that the real issue, or rather the actual ground of distrust which we hold, has escaped expression in the turmoil of controversy.

The term "adequate remuneration," which has figured so largely on the platform and in the press, may, and almost certainly does, mean something more in the mind of the medical man than in the mind of one solely engrossed in commercial life. Whatever may be the faults of our profession, it can never be urged against us that we have indulged in wrangling at the bedside of patients on the question of fees; and now that the financial issue is necessarily to the front, we are tactically at a disadvantage, in that the term "adequate remuneration" implies so much more to us than mere money payments.

The life of the general practitioner is always a hard one, and its one redeeming feature, the one factor that makes life worth living and success worth achieving, is just that indescribable personal relationship which exists between him and his clients, and is the outcome of long years of association with them, not as the prescriber of potions and pills, but as a counsellor and friend. The enormous extension of contract practice involved in the Act, appears—rightly or wrongly—to the practitioner to destroy this relationship, and adequate financial compensation is difficult, if not impossible, to arrange.

If this view of the situation is the correct one—and I am fully persuaded it is—it would appear necessary for the successful working of the Act that some compensating advantages, other than the financial ones, should be incorporated in the regulations under which the Act is worked.

The medical treatment of the industrial classes falls mainly, at the present time, under two headings.

(a) A highly efficient gratuitous hospital system, supported voluntarily, partly for humanitarian reasons, but largely for its educational value.

Here the medical man with economy of time, with the use of the most expensive scientific apparatus, abundance of material, combined with the active co-operation of his colleagues in advanced methods of research, is more than remunerated for his gratuitous labor by increased efficiency for highly paid work among the wealthier classes.

(b) An inefficient and underpaid system of contract practice, conducted with all the lack of economy inherent in the competitive system.

Here the medical man, without co-operation, without facility for or inducement to research work, unless blessed with almost superhuman energy and enthusiasm, degenerates into a mere drudge, encouraged by every condition under which he works to transfer any case of interest, or which demands especial skill, to the hospital.

The Insurance Act undoubtedly tends to increase enormously the scope of the latter class of practice. The increase will be due to the addition of a vast number of the lower middle class, who, until now, have paid normal fees for work done.

Once a general practitioner always a general practitioner, is now the universal law of the profession. There is to-day hardly a man on the consulting staff of the great London hospitals who has had any experience in general practice, although the pioneers of scientific medicine were almost without exception men like Harvey, Hunter, Jenner, Bell, who commenced their careers as general practitioners.

The interests of the profession, the interests of the insured, and the interests of the great body of the middle class are at one in this matter.

The men who accept work under the Act must be saved from life-long drudgery without hope of advancement.

The insured must be protected from the attention of those who only accept the work from a counsel of despair.

The middle classes, who bear the brunt of the cost, must find the efficiency of their own medical service increased and not diminished by the new order.

I suggest that the regulations of the Insurance Commissioners should provide for the formation of an operating and consulting staff, elected from those actually working the Act, from time to time, by the Medical and Insurance Committees. Let co-operation among medical men engaged under the Act be encouraged in every possible way. Let facilities be given to all medical men so engaged for pathological and medical research; and, by the use of existing institutions, and, wherever necessary, new institutions, provide for surgical work of a high order.

It is not suggested that a cut-and-dried scheme can be drawn up to order; but the broad principle having been accepted, and instructions issued to the Insurance Committees on these lines, much will have been done to overcome the present difficulty. A scale of remuneration that would be rejected as hopelessly inadequate when offered as the maximum obtainable under any and all circumstances, might be readily accepted if it were clearly understood to cover only necessary and normal attendance, while special fees at definite rates were paid for exceptional work.

The practitioner who undertook the care of 2,000 insured at a capitation fee of 6s., and found himself in receipt of the gross sum of £600, from which he must deduct all expenses of surgery, instruments, books, conveyance, *locum tenens*, &c., would, if this were the limit, be in a very unenviable position. But if he is provided with an opportunity for becoming exceptionally proficient in any special branch of his work, and receiving even comparatively small fees in regard to this, his position is a very different one. For, while engaged in the spade work of the profession, he is honorably increasing his local reputation, and he may look forward to a future of specialised work not only among the insured but also with the general public.—Yours, &c.,

G. P.

August 19th, 1912.

## DOCTORS AND THE PLENDER REPORT.

To the Editor of THE NATION.

SIR,—In your last issue, "L. J. C." occupies nearly a column and a-half of your space in endeavoring to demonstrate "absurdities" in a letter appearing over my signature the week before, though as he first of all premises that they are "patent," I wonder why he takes the trouble. His letter lends itself to effective answer, and it is a matter of regret to me that you yourself prevent my answering it.

The letter appearing over my signature which has found such small favor in "L. J. C.'s" eyes is one so cut down by yourself as to considerably destroy its logical sequence.

You had the letter I really wrote in your possession for over a fortnight before printing it, and if exigencies of space needed its curtailment, there was ample time to send it to me for this if you wished to print it. For you to cut it down yourself, or alter it in any way, without even announcing the fact, and still attach my name to it, is an unwarrantable liberty.

I must ask you to be good enough to print this, as complete silence on my part might be taken to mean that "L. J. C." has demolished my case, which, to use the words of Euclid, is absurd.—Yours, &c.,

PETER MACDONALD, M.D.

Ouse Lea, Yorks,

August 18th, 1912.

[If we had printed Dr. Macdonald's letter at full length, it would have occupied considerably over two columns of our space. In justice to our other correspondents, we were therefore compelled either to withhold the letter, or to omit some sentences which did not, in our view, add anything of importance to his general argument. There is not the slightest foundation for Dr. Macdonald's suggestion that we have in any way suppressed his views, and as his letter in our issue of August 10th contains all that is material in his argument, and occupies more space than the reply of

which he complains, we cannot see that he has any just grievance.—ED., NATION.]

## CAN THE NATION AFFORD IT?

To the Editor of THE NATION.

SIR,—In your last week's Supplement, "M.D., F.R.C.P." writing under the heading "Can the Nation Afford It?" asks for the opinion of non-medical correspondents on the question whether the Chancellor would be likely to receive public support for a proposition to add £3,000,000 or £4,000,000 annually to the Exchequer contribution towards the Insurance Fund, in order to help to meet the cost of Medical Benefit.

May I, therefore, as a "layman" who has taken much interest in the discussion in your columns, venture to express an opinion on this subject?

In the first place, all those who are concerned, as I am, for the successful working of the National Insurance Act must be anxious to have an efficient Medical Service, and, with that object, that the remuneration to the doctors shall be on such a basis as will enable them to give proper attention to each case, and afford a reasonable return for the large amount spent by them on professional training.

Everyone must desire that the wholly inadequate sums paid for some club practices in the past should come to an end. I therefore think, if the doctors can prove that the proposals in the Act are wholly inadequate, that public opinion would support Mr. Lloyd George in making supplementary provision to secure the payment of a reasonable sum to each doctor.

What additional amount would this require? Surely nothing like £3,000,000 or £4,000,000, as "M.D." suggests! If we take £700 a year as the average income made by a doctor, as would appear by the Plender Report, for a definite appointment bringing in a regular income, probably £500 a year and allowance for motor or carriage would be deemed not an unreasonable figure, especially as these appointments will appeal mostly to the younger members of the profession.

We must assume that, although there is to be free choice of doctors on the panel, there will be some limit placed on the number of cases that a doctor can take up, not only to prevent everyone running to the most popular man, but to insure that proper time is given to each case.

Take, then, the figures given by "L. J. C.'s" letter in last week's NATION, where the practitioner gives, on an average, twenty minutes for each visit, and ten minutes for each consultation, as follows:—

3	hours' visiting =	9	visits.
4½	"	surgery =	27 consultations.
7½	"		= 36 attendances daily.

"L. J. C." takes eight hours daily as the limit of work desirable, and remarks, "If the doctor worked for 311 days in the year, he could be responsible for the 'care of 2,799—say 2,800 persons' (that is, allowing each person an average of four visits a year).

At a capitation fee of 6s., the practitioner, "L. J. C." says, would receive for this work £840 per annum.

Under the Act, Mr. Lloyd George offers a capitation fee of 4s. 6d., so that the difference required is only 1s. 6d. per head. If we take the number of insured persons at roughly, 13,000,000, this amounts to £975,000, or say £1,000,000 in round figures.

If I have placed the number of attendances too high, take 25 per cent. off, and you still leave an income of £630 per annum.

I cannot help feeling that when the matter is fully investigated it will be found that, not £3,000,000 or £4,000,000, but something under £1,000,000 will be all that is required to make the medical remuneration satisfactory to the profession; and if the Chancellor is supplied with the requisite data by the profession to make out a good case, I believe that such a demand would receive the support of the public. If, after one year's trial by the doctors, it were found that under the Act they were only able to earn an inadequate remuneration, a very strong case for an additional grant from the Exchequer would be made out, which would, I have no doubt, receive general support.—Yours, &c.,

SOLICITOR.

Liverpool, August 20th, 1912.

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